NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

NAME Union Oil Company of California

ADDRESS Attn: John Zager
P.O. Box 196247
Anchorage, AK 99519-6247

FACILITY Trading Bay Production Facility
LOCATION Cook Inlet. Alaska

(2-16)
AKG-31-5002
PERMIT NUMBER

015 DISCHARGE NUMBER

| MONITORING PERIOD | YEAR | MO | DAY | YEAR | MO | DAY | O8 | O6 | O1 | TO | O8 | O6 | O1 | O2231 | (24-25) | (26-27) | (28-29) | (39-31) |

NOTE: Read instructions before completing this form. (26-27) (28-29) (30-31) (24-25) (20-21) (22-23) SAMPLE FREQUENCY NO. QUALITY OR CONCENTRATION PARAMETER (3 Card Only) QUANTITY OR LOADING (4 Card Only) TYPE (46-53) FΧ OF ANALYSIS (38-45) (54-61) (46-53) (54-61) (32-37) (64-68) (69-70) UNITS MINIMUM AVERAGE MAXIMUM (62-63) MAXIMUM UNITS AVERAGE 015 SAMPLE Estimate Weekly MEASUREMENT 3.991816 4.379382 MGD Produced Water PERMIT Flow Rate* Estimate Weekly MGD Report Report REQUIREMENT 015 SAMPLE No Discharge MEASUREMENT Produced Water Produced Sand PERMIT No Discharge REQUIREMENT SAMPLE 015 Grab 5 / Month R SH. MEASUREMENT Produced Water PERMIT oH** 9 Weekly Grab 6 SU Flow Rate >1 mod REQUIREMENT 015 SAMPLE 20 Weekly Grab Average 19 mq/l MEASUREMENT Produced Water Oil and Grease*** PERMIT 29 42 ma/I Weekly Grab Average REQUIREMENT 015 SAMPLE Monthly Grab 8 8 μg/<u>[</u> MEASUREMENT Produced Water Copper PERMIT Grab цσД Monthly 47 117 REQUIREMENT 015 SAMPLE ma/l Monthiy Gran 2 2 MEASUREMENT Produced Water Manganese PERMIT Monthly Grab 25 50 mg/l REQUIREMENT SAMPLE 015 Grab 0.3 Monthly 0.3 ua/[Produced Water MEASUREMENT Mercury PERMIT 10 ua/l Monthly Grab 0.6 REQUIREMENT 015 SAMPLE Grab 2 2 uq/l Monthly Produced Water MEASUREMENT PERMIT Silver Monthly Grab 47 uo/l 23 REQUIREMENT 015 SAMPLE Grab Monthly 0.003 ma/l 0.003 MEASUREMENT Produced Water 7inc PERMIT Monthly Grab ma/l 0.9 1.9 REQUIREMENT DATE TELEPHONE certify under penalty of law that this document and all attachments were prepared under NAME/TITLE PRINCIPAL EXECUTIVE OFFICER my direction or supervision in accordance with a system designed to assure that qualified 80 07 21 (907) 276-7600 personnel properly gather and evaluate the information submitted. Based on my inquiry of John Zager Timothy Brandenburg the person or persons who manage the system, or those persons directly responsible for General Manager gathering the information, the information submitted is, to the best of my knowledge and belief, SIGNATURE OF Mid Continent/Alaska Business Unit AREA NUMBER YEAR MO DA PRINCIPAL EXECUTIVE OFFICER true, accurate, and complete. I am aware that there are significant penalties for submitting CODE false information, including the possibility of fine and imprisonment for knowing violations. OR AUTHORIZED AGENT TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See Trading Bay Production Facility Page 3 of 3 for comments.

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015
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MONITORING PERIOD YEAR МО DAY YEAR MO DAY 30 06 01 08 06 08 TO (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all			attachments were prepared u	nder				TELE	PHONE		DATE			
			•		n designed to assure that qua		12-2							
John Zager General Manager Mid Continent/Alaska Business Unit		personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief,				Timothy Brandenburg SIGNATURE OF			(907) 2	76-7600	08	07	21	
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		true, accurate, and complete. I am aware that there are significant penalties for submitting				PRINCIPAL EXECUTIVE OFFICER			AREA	NUMBER	YEAR	МФ	DA	
		false information, including the possibility of fine and imprisonment for knowing violations.				OR AUTHORIZED AĞÊNT			CODE	I	1 }			

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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DAY

30

(30-31)

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 (20-21)
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 (28-29)

NOTE: Read instructions before completing this form.

COMMENTS PAGE 3 OF 3

* Flow rates include deck drainage from Dolly Varden, Grayling, King Salmon, Monopod, and Steelhead Platforms.

Estimated workover fluid flow rate:

0.061600 MGD 0.000336 MGD

Estimated well treatment fluid flow rate: 0.000336

** Frequency of pH measurement has been increased to more closely monitor water quality.

*** Per Permit instructions weekly samples consist of an average of 4 grab samples over a 24 hour period.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under					DATE		
	my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of	2-15	(907) 2	907) 276-7600		07	21
General Manager	the person or persons who manage the system, or those persons directly responsible for	Timothy Brandenburg					
Mid Continent/Alaska Business Unit	gathering the information, the information submitted is, to the best of my knowledge and belief,	SIGNATURE OF			1]
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